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PAGES (WITH COVER)

6559

REFERENCE NO

52224/294510

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## COMMENTS

Applicant:

Klinker et al.

Title:

System and Method to Assure Network Service Levels  
with Intelligent Routing

Serial No./Docket No.:

09/833,219

52224/294510

Filing Date

04/10/2001

## PAPERS SUBMITTED:

1. PTO/SB/21 Transmittal Form
2. PTO/SB/122 Change of Correspondence Address Application
3. PTO/SB/96 Statement Under 37 CFR 3.73(b)

Date: August 24, 2004

By: Brenda O. Holmes, Reg. No. 40,339

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PTO/SB/21 (02-04)

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TRANSMITTAL  
FORM

(to be used for all correspondence after initial filing)

		Application Number	09/633,219
		Filing Date	April 10, 2001
		First Named Inventor	Eric Klinker
		Art Unit	2662
		Examiner Name	Tsugaye, Saba
Total Number of Pages In This Submission		Attorney Docket Number	52224/294510

## ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	1) PTO/SB/122 & 2) PTO/SB/96
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or individual name	Brenda O. Holmes	
Signature		
Date	08-25-2004	

## CERTIFICATE OF TRANSMISSION/MAILING

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Typed or printed name	Brenda O. Holmes	
Signature		Date 08-25-2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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